

**-- THIS FORM MUST BE KEPT CONFIDENTIAL --**

|   |                    |
|---|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):<br><br><br><br>TELEPHONE NO.: FAX NO.:<br>ATTORNEY FOR (Name):  | FOR COURT USE ONLY |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO CA 92101-3105<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92083-6645<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649 |                    |
| GUARDIANSHIP OF:  |                    |
| <b>APPLICATION FOR WAIVER OR REDUCTION<br/>OF GUARDIANSHIP INVESTIGATION FEES</b>   | CASE NUMBER        |

I request a court order for a ☐ waiver ☐ reduction of guardianship investigation fees.

**A fee waiver is determined by the income of parents, guardians or proposed guardians and other persons charged with the support and maintenance of the ward.**

1. I am the proposed guardian in the above-entitled matter.

2. My address and date of birth are (specify):

3. ☐ The sole source of the family's income is derived from one or more of the following programs:
- a. ☐ **SSI and SSP:** The Supplemental Security Income and State Supplemental Payments Programs
  - b. ☐ **Calworks/TANF**
  - c. ☐ **Food Stamps:** The Food Stamps Program
  - d. ☐ **County Relief, General Relief (G.R.) or General Assistance (G.A.)**

4. ☐ My gross monthly income is less than the amount shown on the Information Sheet on Waiver and Reduction of Guardianship Investigation Fees (SUPCT FCS-48). **[If you checked this box you must complete items 5 through 7 on the reverse of this form.]**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

## FINANCIAL INFORMATION

5. ☒ My pay changes considerably from month to month. *(If you check this box, each of the amounts reported in 6 should be your average for the past 12 months.)*

6. My monthly income:

a. My gross monthly pay is: ..... \$ \_\_\_\_\_

b. Other family monthly income is

*(specify source and amount):*

(1) ..... \$ \_\_\_\_\_

(2) ..... \$ \_\_\_\_\_

(3) ..... \$ \_\_\_\_\_

(4) ..... \$ \_\_\_\_\_

The TOTAL amount of other money is: \$ \_\_\_\_\_

c. **MY TOTAL MONTHLY INCOME IS**

*(a. plus b.):* ..... \$ \_\_\_\_\_

d. **The number of people in my family including me, supported by this money is:** \_\_\_\_\_

7. I own the following property:

a. Cash ..... \$ \_\_\_\_\_

b. Checking, savings and credit union

accounts *(list banks):*

(1) ..... \$ \_\_\_\_\_

(2) ..... \$ \_\_\_\_\_

(3) ..... \$ \_\_\_\_\_

c. Cars, other vehicles and boat equity

*(list make, year of each):*

(1) ..... \$ \_\_\_\_\_

(2) ..... \$ \_\_\_\_\_

(3) ..... \$ \_\_\_\_\_

d. Real estate equity ..... \$ \_\_\_\_\_

e. Other personal property - jewelry, furniture, furs, stocks, bonds, etc. *(list separately):*

\$ \_\_\_\_\_